

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027536

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156Primary Registration District No. 2001Registrar's No. 366

STATE FILE NUMBER

FILED JUL 23 1962

1. PLACE OF DEATH

a. COUNTY Jasperb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JoplinLength of stay in 1b
70 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1611 North StreetInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasperc. CITY OR TOWN JoplinInside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
1611 North StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

AlonzoMiller

4. DATE OF DEATH

Month

Day

Year

July131962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/1/1876

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Machine Shop

11. BIRTHPLACE (City and state or country)

Dennis, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James A. Miller

13b. MOTHER'S MAIDEN NAME

Nancy Sanford

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. R. A. Fisher, 1611 North St, Joplin

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Paralyzes Respiratory Acute

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hemorrhage Cerebral Acute1 hour

DUE TO (c)

Arteriosclerosis Generalized

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/22/61 to 7/13/62 and last saw ^{her}him alive on 7/13/62Death occurred at 2:05 P.M. 7/13/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul H. Grieb M.D.

22b. ADDRESS

Joplin, Mo

22c. DATE SIGNED

7/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

23d. LOCATION (City, town, or county)

JoplinMo.

24. FUNERAL DIRECTOR

ADDRESS

Hurlbut-Glover Mortuary, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

7-19-1962

26. REGISTRAR'S SIGNATURE

Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/591049920499345678910111213141516171819202122232425

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George S. Mue

Licensed Embalmer No. 5175

P. O. Address 731 Wall. Japhi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.